Integrated Treatment Plan

Client Information
Name: Michael Johnson
ID Number: MJ20230927
Date of Birth: 03/15/1984
Date of Initial Assessment: 09/01/2023
Plan Creation Date: 09/27/2023
Primary Therapist/Care Coordinator: Dr. Laura Smith
Referral Information
Referred by: Dr. James Wilson, MD
Reason for Referral:
Co-occurring major depressive disorder and alcohol use disorder, chronic back pain
Previous Interventions/Treatments:
Outpatient psychotherapy, sporadic use of antidepressants, no formal substance use treatment
Presenting Problem(s)
Primary Concerns:
Persistent depressive mood, daily alcohol use, chronic back pain affecting daily functioning
Secondary Concerns:
Social withdrawal, job loss due to back pain
Diagnostic Summary
Mental Health Diagnosis:
DSM-5 Code: F32.1
Description:
Major Depressive Disorder, Moderate

Substance Use Diagnosis:
DSM-5 Code: F10.20
Description:
Alcohol Use Disorder, Moderate
Physical Health Diagnosis:
ICD-10 Code: M54.5
Description:
Low back pain
Treatment Goals and Objectives
Objective 1:
To reduce depressive symptoms by 50% within 3 months
Intervention:
Weekly cognitive-behavioral therapy sessions
Responsible Party: Dr. Laura Smith
Timeline: 3 months
Objective 2:
To achieve sobriety and maintain it throughout the treatment period
Intervention:
Enrollment in an intensive outpatient program for substance use, including group therapy and relapse prevention planning
Responsible Party: Addiction Specialist, John Doe
Timeline: Ongoing, with initial focus on the first 3 months
Treatment Modalities and Interventions
Psychotherapy (type, frequency, duration):
Cognitive-Behavioral Therapy (CBT), weekly sessions, ongoing for 6 months

Pharmacotherapy (medications, dosages, monitoring):
Escitalopram 10 mg daily, review and adjust as needed, monitoring side effects and effectiveness
Substance Use Treatment(detoxification, rehabilitation programs):
Intensive outpatient program, 3 times a week for the first 3 months
Physical Health Management (primary care coordination, physical therapy):
Coordination with a physical therapist for back pain, bi-weekly sessions
Social Support Services (housing, employment, community resources):
Referral to a job coaching service, assistance with housing if needed
Client Strengths and Resources
Personal Strengths:
Resilient, motivated for treatment, insightful about his condition
Support Systems:
Supportive sister, engaged in a local community group
Risk Management Plan
Identified Risks:
Potential for relapse into heavy drinking, medication non-adherence
Management Strategies:
Regular motivational interviewing, medication management sessions, establishing a support system

Consent for Treatment	
Consent Obtained:	☑ Yes ☐ No
Date of Consent:	09/27/2023
Review and Adjustment Schedule	
Review Dates:	Monthly review meetings with the care coordination team
Criteria for Adjustment:	
Progress in treatment goals, client feedback, changes in clinical status	
Signatures	
Primary Therapist/Care Coordinator:	**Dr. Laura Smith**
Date:	09/27/2023
Client/Guardian:	**Michael Johnson**
Date:	09/27/2023